

DEPARTMENT OF THE AIR FORCE HEADQUARTERS 5TH BOMB WING (AFGSC) MINOT AIR FORCE BASE NORTH DAKOTA

MEMORANDUM FOR PHYSICIAN/MEDICAL TREATMENT FACILITY

FROM: 5 MDG/119 MDG/219 SFS		
SUBJECT: Documentation of Off-Base Medical/Mental Health/Dental Care		
(Printed Rank/Name) (Last 4 SSN) 1. My physical and psychological health is consistently monitored due to the sen Defense. The medical treatment I receive, and its potential effects on my ability to		
2. If you have any questions or concerns, please contact the PRP office at 701-83	33-8034.	
3. After my examination and/or treatment, please take time to provide the inform completed note/documentation of care.	nation requested below or attach a co	py of your
4. I authorize all medical information pertaining to my treatment to be furnished tit is my responsibility to return this form to 5 th MDG/119 th MDG/219 th SFS as dir	to the 5 th MDG/119 th MDG/219 th SFS rected.	. I understand
	Patient's Signature	Date
Date of Appointment: Place of Care: Diagnosis:		
Medications: (YES / NO)(include name, strength, directions and number dispense	sed):	
Treatment Plan:		
*Did you perform any procedure or prescribe any treatment that may result in pai (Circle one): YES / NO If YES, please describe the treatment and expected in		
*Do you have any concerns regarding the physical/mental/emotional state of this sensitive/nuclear related duties? (Circle one): YES / NO	patient in terms of his/her ability to s prate:	
	Provider's Signature/Stamp	

PRP Member: If the provider circled "Yes" to either question above, make sure you sign a release of information at the place of care before leaving, then Fax this form to the 119 MDG/PRP Office for CMA review as early as possible and prior to performing PRP duties. Fax#s 701-723-5373 or 701-723-4747

Is PDI reporting require	ed?	rES	NO			
IF YES, Why?		·				
If Medication, Type & E impairment?	expected					
Recommendation to Co	0					
Auto return to duty after quarters and/or medication recommendations.						
PDI Letter written?	١	rES		NO		
PERSON NOTIFIED				UNIT	PHONE	
NOTIFICATION MADE	ВҮ			DATE / TIM	E:	
Pt instructed to destroy any remaining medication 24 hours prior to the end of the suspension, as appropriate.						
Patient is aware to report any impairing symptoms to their unit CO, PRP monitor and the medical PRP clinic XX						
Only required for PCM visit.	WWQ with Profile	•	WWQ without Pr	ofile	Member is Not WW	/Q

Date:						
Are you having any difficulty concentrating or performing your duties due to the medical/dental/mental health condition?	YES	NO				
 Did you receive ANY medications or prescriptions to fill (i.e. samples, IVs, eye drops, injections, etc)? 						
3. Did you have a procedure or surgery at the visit? (except braces & dental cleanings) YES N						
4. Do you need to see or talk to a CMA today?						
5. Is there anything else that would prevent you from performing your PRP duties? YES						
 IF YOU ANSWERED YES TO ANY QUESTION, FRONT OR BACK, SIGN A RELEATINFORMATION AT PLACE OF CARE BEFORE YOU LEAVE YOUR APPOINTME CALL YOUR PRP MONITOR @ 701-833-8034 						
7. CALL TOOK FRF MONTON @ 701-655-8054 Signature						
RECORDS						

RECORDS MAINTAINED AT:				
PATIENTS NAME			SE	ΣX
RELATIONSHIP TO SE SELF	PONSOR	STATUS ADAF		RANK/GRADE
SPONSORS NAME SELF				GANIZATION 9 SFS
DEPART./SERVICE USAF	SSN/IDENTIFICATION NO.			DATE OF BIRTH